

**DELAWARE INSTITUTE OF DENTAL EDUCATION & RESEARCH (DIDER)**  
**Dental Health Conference**

Herman Holloway Health & Social Services Campus  
DHSS Chapel, 1901 N. DuPont Highway, New Castle, DE 19720

**Wednesday, July 10, 2019**

**1:00PM – 3:00PM**

**Meeting Summary**

**Welcome and Introduction**

The meeting was called to order by Chair, Louis Rafetto at 1:05 pm. Dr. Rafetto welcomed the group and introduced the meeting facilitator, Dr. Devona Williams (Goeins-Williams Associates, Inc.). Dr. Williams presented an overview of the agenda, process, products and the meeting purpose – to ensure dental care for more Delawareans - and the objective: to discuss critical issues and challenges related to access to dental care and develop a clearly defined action plan.

*This summary and draft action plan was prepared by the meeting facilitator and is subject to further refinement by DIDER and conference participants. A complete set of handouts and presentations may be obtained by contacting DIDER staff, Eschalla Clarke (Eschalla.Clake@delaware.gov).*

Dr. Rafetto led the group in introductions; the attendance list is attached.

**Dental Shortages and Barriers to Care**

Dr. Rafetto gave a detailed slide presentation of practitioner shortages and population needs and reminded the group that much of dental care is preventable. Highlights of his presentation follow:

- Patients want to be seen, have affordable and good quality dental care. He emphasized the difference between demand for dental services and the actual need.
- Practitioner ratios underestimate the actual workforce.
- Demographic needs require consideration and they are different for baby boomers, who require greater care, the middle aged who require less care, and children with ACA mandates.
- The growth in dentists coming out of dental school is expected to continue but there are questions about the productivity of newer dentists who want more work/life balance. Older doctors are considered less productive. The increase in auxiliaries and mid-level professionals can increase productivity of dentists.
- Despite the expected increase in the numbers of graduating dentists, the challenge remains how to get dentists to practice in areas that serve vulnerable populations.
- A number of factors affect demand. Recruitment of doctors and their willingness to practice in non-urban areas remains an issue.

## **The Honorable Bethany Hall Long, Lt. Governor**

Lt. Governor Bethany Hall Long applauded the work of DIDER and efforts of the conference attendees to increase the workforce relating to dental care. She stressed the importance of the new provisions for adult Medicaid which will help address adult dental care needs and provide “boots on the ground”. Delaware is now no longer in the company with the only two states, Alabama and Tennessee, that do not provide adult Medicaid for dental care. The Lt. Governor further stated that many of the calls received by the Office of the Governor relate to dental health so it is important to remain vigilant to pursue approaches that will improve dental care access.

### **Dental Shortages and Barriers to Care, contd.**

Dr. Nick Conte, Dental Director for the Division of Public Health provided an overview of dentistry in Delaware from the public perspective. Highlights of his presentation are below:

- Delaware ranks 47 in dental access amongst all states.
- Workforce development is the greatest need.
- As we move to value based care Delaware can look at other state models. Delaware needs to expand capacity of dentists by developing the workforce of auxiliary personnel such as hygienists, dental assistants, and mid-level personnel like dental therapists. Other states have specialists like denturists. Other models such as collaboration across professions, such as joint medical and dental degreed professionals that can serve in rural areas, meeting both medical and dental needs.
- In 2012, the state reported 380 providers. With 1 million people in Delaware, based on a 40 hour work week, the state reported 326 FTE dentists, which translates to 2806 people per dentist. 45% of dentists are 55 years or older and 25% are 65 or older. In 2016, Delaware showed an increase in dentists but when including aging dentists, the FTE actually decreased to 305.
- The decrease in actual FTEs points to the need for greater emphasis on recruitment especially of dentists who will work in non-urban areas.
- Dental license portability will help address provider shortages. As of 2019 there are 5 different dental exams with the northeast region becoming the overseer. The trend has been to create a national workforce with technical perfection.

Dr. Joe Kelly presented the private perspective on dental shortages and barriers to care. Highlights are as follows:

- Cost of dental school education is significant, from \$300K to \$400K.
- The cost of starting a dental practice is \$350K-\$500K.
- These two costs combined create a significant hurdle to the profession.
- 98% of insured children live within 15 minutes of a dentists.
- He believes coverage in the state is excellent and people who need to may go out of state for dental care.
- Loan repayment and scholarship programs, forgiveness for debt are strongly recommended.
- Transportation for Medicaid patients is needed.
- Ongoing education on dental prevention and care is being done and should continue.

- Dentistry functions as a team and all team members should receive proper training to be efficient.
- Some providers report having open chair time.

## **Action Planning Discussion**

Issues and Challenges (*determined by the facilitator*):

- *Provider distribution – some providers have open chair time; vulnerable population areas are underserved.*
- *Provider capacity and shortage.*
- *Licensure creates barriers to entry to Delaware and retention; how limiting is DE's licensure?*
- *Auxiliary care regulation changes can expand dentists' capacity.*
- *Retiring dentists – dentists are aging and retired dentists could provide added capacity.*
- *Location – new dentists prefer urban areas and quality of life; may need to consider incentive program for rural, high vulnerable population areas.*
- *High cost of dental education – loan forgiveness or scholarship programs to mitigate costs*
- *Prevention- continued emphasis on prevention expands capacity.*
- *Medicaid participation by dentists has declined (claim time is lengthy, submissions and administration).*

*What actions shall we take?*

1. *With all of the different ways of looking at the actual and projected number of practicing dentists, we need to fully understand capacity and the need for dentists in Delaware. (Is it 50 or 75 more dentists that are needed and over what time frame?).*
2. *Develop a plan to address the lack of capacity in vulnerable population areas and excess capacity in some areas. Look at opportunities for provisional licensure.*
3. *Enhance requirements for dentists to take on multi-year commitments for FQHCs.*
4. *Increase Medicaid participation of dentists by improving claim time, submission process and administration.*

## **Licensure Requirements**

Dr. Bruce Matthews responded to Rep. David Bentz request to explain whether Delaware's licensure for dentists is a barrier to increasing the number of dentists. Here are highlights of his presentation:

- Delaware's dental exam results in a 92% pass rate or dental candidates with approximately 18 candidates per half year session and 32-33 successful candidates per year.
- New, successful candidates make up about 10% of the existing active, dental licenses statewide – a net increase.
- Delaware has a 96% pass rate for dental hygiene candidates and approximately 30 candidates per year with 29 successful candidates yearly. This adds to a net increase yearly in practicing dental hygienists.
- Licensing is not a limiting factor because the Delaware dental exam process results in a net increase of new dentists and dental hygienists.

- Dr. Matthews concluded that licensure was not a barrier to increasing the numbers of new dentists in Delaware because the net number has increased.

### **Mid-Level Provider Alternatives**

Dr. Rafetto gave an overview of mid-level providers, adding to the previous information provided by Dr. Conte. Highlights of this presentation are as follows:

- Mid-level providers can provide preventive and restorative care and include professionals such as: advanced dental hygienist, community dental health coordinator, dental health aide therapist and dental therapist.
- Some states are authorizing these mid-level practitioners.
- ADAs position has moved to focusing on training, supervision and licensure of mid-level providers.
- Evidence is incomplete on quality. Current data from other states shows that these graduates do not practice in underserved areas, so incentives of some sort are still needed.

Action Planning Discussion:

- Several people disagreed with the assertion that licensing in Delaware was not a limiting factors. Examples were shared where practicing dentists chose not to come to the state because of requirements and provisional licensure issues as well.
- Because the actual capacity and true number of dental providers is not known, it is unclear whether the current licensure numbers are truly additive to capacity.

*What actions shall we take?*

1. *Take a closer review of Delaware dental licensure barriers and consider options to reduce barriers. Re-examine provisional licensing.*
2. *Examine opportunities in Delaware to license and develop auxiliary/mid-level providers.*
3. *Develop/provide/ensure training for auxiliary/mid-level providers is adequate and meets quality standards.*

### **Non-Federal State Loan Repayment and Residency Programs**

Dr. Rafetto reviewed the current status of Student Loan Repayment Program and existing contract with Temple University. Delaware does not have a dental school and the existing program with Temple is very small (only 5 students per year. Delaware needs its own program that is state funded to defer the costs of dental school. Perhaps it could have provisions for graduates who receive scholarships to serve in vulnerable population areas.

Dr. Dan Meara, Christiana Care Health System, presented an overview of the health system's experience with general practice dental residents. Highlights of his presentation are as follows:

- There are two goals for Christiana Care Health System's residency program– to provide exceptional patient care and world class residency education. The assumption is that outstanding education will lead to outstanding patient care which is better for Delaware.

- Christiana Care has two programs – an oral maxillofacial program and a hospital dental program. Both have 8 residents each.
- Benefits of outcomes of residency programs, a study from Dr. Zucker showed that from 2007-2016 a total of 86 people have been in dental residency; the majority came from Delaware, Pennsylvania and Maryland and other states. In that cohort, 65% stayed in practice in Delaware. More recently, about 74% of residents end up practicing in Delaware with a bias toward New Castle County, but all counties are being represented.
- Level of expertise when leaving residency is that they are better trained dentists. Residents participate because they feel they receive more experienced and are better trained and the value for the programs are self-driven.
- A Christiana Care study of 2012 200K visits to the ER, and of these, 4000 visits were dental related and most of these visits were for minor care, like toothache who did not get definitive care but the bill for this was over \$2M. Patients came to the ER because there was no place for them to go for treatment during evening hours; patients need different access points. Christiana Care looking at doing things differently, for example providing evening hours.

#### Action Planning Discussion:

*What actions shall we take?*

1. *Obtain funding for a Delaware Student loan repayment program (HB257).*
2. *Expand Delaware residency program to existing and new health system partners and tie to DIDER funding, i.e., residency requirements or practice in vulnerable population areas.*
3. *Ensure residency requirements include education and practical experience in tooth extraction, root canals, etc.*

#### Public Comment

- No one cared to give public comment.

#### Wrap Up

- The group agreed that a lot of good information was shared which framed many of the issues and challenges that are barriers to dental access.
- A follow up session should be planned to further “drill down” on issues and action plan and conduct research on issues that need further study.
- It would be helpful for DIDER to make some decisions on which actions can be discussed in committee and then addressed as part of a follow up conference. Less topics with more in-depth discussion is desirable. Several partners expressed their appreciation being included in the conference.
- The facilitator will summarize the discussion and action items from the conference which will be distributed to participants.

#### Adjournment

The meeting was adjourned at 3:10 pm.

**DELAWARE INSTITUTE OF DENTAL EDUCATION & RESEARCH (DIDER)**  
**Draft Action Plan**

**July 2019**

*Purpose: To ensure dental care for more Delawareans by addressing challenges and issues that are barriers to increasing dental practitioners in Delaware.*

- I. **Dental Shortages and Barriers to Care** – Reduce dental practitioner shortage, especially in vulnerable population areas; increase capacity of providers and enhance access to care.

*What actions shall we take?*

1. *With all of the different ways of looking at the actual and projected number of practicing dentists, we need to fully understand capacity and the need for dentists in Delaware. (Is it 50 or 75 more dentists that are needed and over what time frame?).*
2. *Develop a plan to address the lack of capacity in vulnerable population areas and excess capacity in some areas. Look at opportunities for provisional licensure.*
3. *Enhance requirements for dentists to take on multi-year commitments for FQHCs.*
4. *Increase Medicaid participation of dentists by improving claim time, submission process and administration.*

- II. **Licensure Requirements and Mid-Level Provider Alternatives** – Assess licensure barriers and mid-level alternatives and determine and implement regulatory changes to increase capacity of providers and access to dental care.

*What actions shall we take?*

1. *Take a closer review of Delaware dental licensure barriers and consider options to reduce barriers. Re-examine provisional licensing.*
2. *Examine opportunities in Delaware to license and develop auxiliary/mid-level providers.*
3. *Develop/provide/ensure training for auxiliary/mid-level providers meets is adequate and meets quality standards.*
4. *Develop incentive program to encourage mid-level providers to locate in vulnerable population areas.*

- III. **Non-Federal State Loan Repayment and Residency Programs** – Develop a Delaware student loan repayment program and expand residency opportunities to increase capacity.

*What actions shall we take?*

1. *Obtain funding for a Delaware Student loan repayment program (HB257).*
2. *Expand Delaware residency program to existing and new health system partners and tie to DIDER funding, i.e., residency requirements or practice in vulnerable population areas.*
3. *Ensure residency requirements include education and practical experience in tooth extraction, root canals, etc.*